

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| 10 | | 1 | | | | |
| 11 | X | | | | | |
| 12 | | 1 | | | | |
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| 14 | | 1 | | | | |
| 15 | | | | | | |
| 16 | | 1 | | | | |
| 17 | X | | | | | |
| 18 | | 1 | | | | |
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| TOTAL DEP. | 11 | | | | | |
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